DOCUMENT RESUME

ED 147 049 52 RC 010 154

TITLE Migrant Education Administrative Handbook.
INSTITUTION Louisiana State Dept. of Education, Baton Rouge. Bureau of Migrant Education.
SPONS AGENCY Bureau of Elementary and Secondary Education (DHEW/OE), Washington, D.C. Div. of Compensatory Education.
PUB DATE 75
NOTE 92p.

EDRS PRICE MF-$0.83 HC-$4.67 Plus Postage.
DESCRIPTORS *Administrator Guides; Agricultural Laborers; Ancillary Services; Definitions; Educational Legislation; *Federal Programs; Health Education; Instructional Programs; Medical Services; Mexican Americans; *Migrant Education; Migrant Health Services; Nurses; Nurses Aides; *Nursing; Parent Participation; *Program Administration; Program Content; Program Length; Program Planning; School Personnel; Staff Improvement; *State Programs; Student Records; Student Recruitment
IDENTIFIERS *Louisiana; Migrant Student Record Transfer System

ABSTRACT

Intended to provide information pertaining to the administration of migrant education projects in Louisiana, the handbook is divided into two sections: basic guidelines for program operations and support services--nursing. Section I covers the Federal and State migrant program, local migrant projects, project personnel and staff development, and local communications with the State Office. Information in this section pertains to Federal legislation affecting migrants; basic Federal enabling legislation; Public Law 89-750; administration, objectives, and priorities of the State program; advisory and planning committees; planning program activities; recruiting children; age limitations; program length; pupil records; food and health services; travel and equipment; information dissemination; the application for a migrant project; project revision; carryover provision for migrant excess; parental involvement; inservice education; salaries; and fringe benefits. Section II covers common health beliefs among Mexican American migrant workers; the role of the migrant school nurse, the field nurse, and the nurse assistant; preparation for the summer program; setting up the health program; daily routine; medical services; nursing procedures; records; and topics and ideas for health education. Infant problems are also discussed in this section because it is felt the social worker should be in a position to discuss or recognize common problems, and report them, if necessary, to the nurse. (NQ)

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Migrant Education Administrative Handbook

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Louisiana State Department of Education

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CIVIL RIGHTS ACT OF 1964

Title VI of the Civil Rights Act of 1964 states "No person in the United States shall, on the grounds of race, color or national origin be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance." Migrant programs under Title I of the Elementary and Secondary Education Act, must be operated in compliance with the law, and the rules, regulations and orders thereunder issued by the Secretary of Health, Education and Welfare and signed by the President into law.

FOREWORD

It is obviously in the best interest of any permanent program that there be available a compilation of the basic guidelines for operations of the migrant education program. To accomplish this purpose, the Migrant Education Bureau of the Louisiana Department of Education has developed this handbook.

Information provided here will give answers to many of the questions pertaining to the administration of migrant education projects. All local educational agency personnel who have responsibilities in the local migrant projects should become familiar with this material and should utilize it during the design, development, implementation, and evaluation of the project. Since funding for migrant education programs is provided through an amendment to ESEA, Title I, many of the policies and guidelines pertaining to educational programs for the educationally deprived children also apply to the migrant program. For this reason, each person with administrative responsibility in the migrant program should also be familiar with Title 45, Part 116, of the Code of Federal Regulations, as revised and amended in 1968.

We have tried to be comprehensive in coverage of the variety of subjects which directly relate to a successful educational project for migrant children. Yet, we are aware of the uniqueness of each local program, each with its own personality, just as each migrant child is a unique individual. This handbook, then, is meant to provide guidelines which the local program administrator may use as the base in his search for specific answers to his problems. It is impossible to anticipate or answer all questions that relate to migrant education programs; therefore, the state migrant education staff is available at all times

to answer questions as they arise, and to provide necessary assistance to the loxal education agencies at any phase of their migrant project.

While the state department's migrant education staff accepts responsibility for authorship, it is important to note that the handbook incorporates the gist or spirit of the experiences of many local program administrators, gleaned from numerous discussions during our period of working together.

Special acknowledgement should be given Shelton J. Cobb for his initiation and work on this handbook while he was Section Chief of Migrant Education.

We are also especially grateful for the use of handbooks published by other states. In compiling the material herein, we borrowed heavily from:

United States Department of Health, Education, and Welfare. National Migrant Program Guidelines, 1972.

Hollis, Benjamin, Sandifer, and Frier. South Caroline Annual Evaluation Report, 1974.

North Caroline Department of Public Instruction. Migrant Education Administrative Handbook, Revised 1973.

Arizona Department of Education. Migrant Child Administrative Handbook.

Finally, it is a pleasure to acknowledge the assistance received from all members of the staff of Migrant Education and of the Office of the Division of Community Services, under which the Migrant Education Section operates. These numerous, diverse resources, pooled together, have resulted in this publication which we hope will fulfill its intended purpose.

BEVERLY L. FORTIER
Director
Migrant Education

I THE FEDERAL PROGRAMS

LEGISLATION AFFECTING MIGRANTS

The plight of migrant farm workers has been recognized for a long time, but it was not until recently that they were given consideration in federal legislation. Some of the more important milestones in this legislation are:

1. Crew Leaders Registration Act of 1963
   This Act requires that crew leaders register with the Farm Placement Service of the Employment Security Commission.

2. Economic Opportunity Act of 1964
   Title III B of this Act provides for education for migrants and seasonal farm workers and day care for their children.

3. Migrant Health Act (Public Law 87-962)
   This Act provides for the health services for migratory agriculture workers and their families.

4. Elementary and Secondary Education Act
   A 1966 amendment of this Act, Public Law 89-750, provides for the educational programs for children of migratory agricultural workers.

5. Fair Labor Standards Act of 1966
   As amended in 1967, minimum wage provisions of this Act are extended to migratory farm workers.

6. 1968 Housing Act for Agricultural Workers
   This Act sets minimum standards for housing to be used by migratory laborers.

7. Five-Year Eligibility Provision of 1968
   The definition of eligibility to participate in programs for migratory children funded under Public Law 89-750 was modified by the Five-Year Provision of Public Law 90-247.

BASIC FEDERAL ENABLING LEGISLATION

The most significant action of the federal government to provide for the authorization and funding of migrant education programs was the enactment of Public Law 89-750 in 1966. This action amended Title I of

the Elementary and Secondary Education Act to provide educational programs for migratory children of migratory agricultural workers and later was amended to include migratory fishermen and their children.

DEFINITION OF KEY TERMS

1. MIGRATORY CHILD-A migratory child is one who has moved with his family or guardian from one school district to another during the past year in order that he or his parent(s), guardian or another member of his immediate family might secure gainful employment in agriculture, fishing activities or in related food processing activities.

The migratory child is further classified as being INTERSTATE OR INTRA-STATE in status. The INTERSTATE MIGRATORY CHILD is a child who has moved across state boundaries with his parent(s) or guardian, for the purpose of securing seasonal/temporary employment in an activity as described in subsection 2 of the federal legislation and defined in this chapter. The INTRASTATE MIGRATORY CHILD is a child who has moved with parent(s) or guardian across parish boundaries, within the state for the purpose of securing seasonal/temporary employment in an activity as described in subsection 2 of the federal enabling legislation and as defined in this chapter.

A FORMER MIGRATORY CHILD also qualified for assistance. A child who was formerly an interstate or intrastate migratory child but who has ceased to migrate within the last five years and now resides in an area where interstate and intrastate migratory children are being served is deemed to be a migratory child, with the concurrence of his parents. This additional provision was made possible through what is referred to as the Five Year Eligibility Provision of 1968 or the "five year definition." This enactment was Public Law 90-247 which modified Public Law 89-750. It was further modified by Public Law 93-380 which broadened the definition to include migratory fishermen.

There are certain limitations which apply to the five year definition. Former migratory children may participate in such services, but only if:

(a) their participation will not prevent adequate services from being provided to interstate and intrastate migratory children;

(b) they are more likely to receive services designed to meet their special educational needs through special migrant education programs than they are through other programs provided under ESEA, Title I, or similar programs under other authorities; and

(c) their parents consent to such participation.

Public Law 93-380 states that the time interval may not exceed five

years and that "such children who are presently migrants...shall be given priority in this consideration of program and activities contained in applications submitted under this subsection."

There are general chronological age restrictions which also delimit the delivery of educational assistance to migratory children as provided by ESEA, Title I, P. L. 89-750. A migratory child, interstate, intrastate or under the five year definition, must be under 18 years of age for educational assistance. Early childhood education, under this legislation, is limited to infants and preschool migrant children and does include extended child care.

2. Migratory Gainful Activities (formerly agricultural activities)--

These activities range from soil preparation through and including the storing, curing, canning or freezing of cultivated crops. Activities of farms or ranches related to the processing and production of dairy products, poultry, livestock, and fish are also included as agricultural activities. Timber work, with the exception of operations in forest nurseries, is excluded. Fish farm operational activities as well as fishery activities are included in the scope of qualifying activities.

3. Migratory Agricultural Worker

These are individuals who have moved from one school district in a given state to another school district within the same state or to a school district in another state for the purpose of finding seasonal or temporary employment as defined in the preceding section.

GENERAL PROVISION OF PUBLIC LAW 89-750

As aforementioned, P. L. 89-750 amended the Elementary and Secondary Act to provide for the educational needs of "migratory children of migratory agricultural workers," and P. L. 93-380 extended inclusion of migratory fishermen and their children. This total legislation provides grants to the state education agency (in Louisiana, the State Board of Elementary and Secondary Education).

The maximum total of grants which shall be available for use in any state for any fiscal year shall be an amount equal to the federal percentage of the average per pupil expenditure in the United States multiplied by (A) the estimated number of such migratory children aged five to seventeen, inclusive, who reside in the State full-time, and (B) the full-time equivalent to the estimated number of such migratory children aged five to seventeen, inclusive, who reside in the State part-time, as determined by the Commissioner (of USOE) in accordance with regulations.

A state educational agency or a combination of such agencies may apply for a grant for any fiscal year under this title to establish or improve, either directly or through local educational agencies (LEAs), programs of education for migratory children of migratory agricultural workers and migratory fishermen. The Commissioner may approve such an application only upon his determination:

(a) that payments will be used for programs and projects (including the acquisition of equipment and, where necessary, the construction of school facilities) which are designed to meet the special educational needs of children of migratory agricultural workers or of migratory fishermen, and to coordinate these programs and projects with similar programs and projects in other states, including the transmittal of pertinent information with respect to school records of such children;

(b) that in planning and carrying out programs and projects there has been and will be appropriate coordination with programs administered under Part B of Title III of the Economic Opportunity Act of 1964; and

(c) that such programs and projects will be administered and carried out in a manner consistent with the basic objectives...(of the program as set forth in the Act); and

(d) that, in planning and carrying out programs and projects, there has been adequate assurance that provision will be made for the preschool educational needs of children of migratory agricultural workers or of migratory fishermen, wherever such agency determines that compliance with this clause will not detract from the operation of programs and projects described in clause (A) of this paragraph after considering the funds available for this purpose. (Clause D was added in Public Law 93-380, August 21, 1974.)

P. O. 89-750 also provides that "the Commissioner shall not finally disapprove an application of a state educational agency under this paragraph except after reasonable notice and opportunity for a hearing to the state educational agency." In further keeping with this intent, the Commissioner, if he determines that:

(a) a state is unable or unwilling to conduct educational programs for migratory children of migratory agricultural workers or of migratory fishermen, or

(b) it would result in more efficient and economic administration, or

(c) it would add substantially to the welfare or educational attainment of such children, ...

may make special arrangements with other public or non-profit private agencies to carry out the purposes of this section in one or more states, and for this purpose he may set aside, on an equitable basis, and use all

or part of the total of grants available for such state or states under this section.

Additionally, Public Law 93-380 incorporated a section titled the "Protection of the Rights and Privacy of Parents and Students." This section applied the provisions of federal legislation commonly referred to as the "Buckley Amendment" to the federal policies for migrant education.

In summary the stated purpose of P.L. 89-750 plus its more recent amendments is essentially:

To establish programs and projects designed to meet the special educational needs of children of migratory fishermen and to coordinate these programs and projects with similar programs in other states.

II THE STATE MIGRANT PROGRAM

ADMINISTRATION

The state educational agency submits its State Plan for Migrant Education and application for funds to the U.S. Office of Education. Approval of the Plan is the responsibility of the Migrant Programs Branch, Division of Compensatory Education, U. S. Office of Education. Responsibility for the administration of the program rests with the State, and specifically with the Migrant Education Section of the Louisiana State Department of Education.

The Migrant Education program is planned so that it will unite all available resources, including state, local and ESEA Title I funds to provide a unified approach to meeting the special needs of migrant children. For instance, there are many other state and local agencies which provide free services to migrant children. It should be made clear that migrant funds are to supplement and not supplant these other funds.

The program is funded on the basis of the special needs of migrant children, the kinds of activities planned to meet these needs, the degree of cooperation, coordination, and assistance from other services in meeting these needs and the ability of the local educational agency to provide the services described in their proposal. The responsibility of carrying out the program once it has been funded rests with the local educational agency, and the role of the state educational agency becomes that of providing technical assistance, consultive services and supervision to insure that guidelines are followed.

OBJECTIVES OF THE STATE PROGRAM

The basic objectives of the migrant program are established at the state level, and the local educational agencies should plan their programs using objectives which are in harmony with those of the state, as follows:

A. Instructional Services

1. Provide the opportunity for each migrant child to improve communication skills necessary for varying situations.

2. Provide specially designed programs in the academic disciplines

(language arts, math, and other academic endeavors) that will increase the migrant child's capabilities to function at a level concomitant with his potential.

3. Provide specially designed activities which will increase the migrant child's social growth, positive self-concept and group interaction skills.

4. Provide programs that will improve the academic skill, pre-vocational orientation and vocational skill training for older migrant children.

5. Provide the migrant child with preschool and kindergarten experiences geared to his psychological and physiological development that will prepare him to function successfully.

6. Implement programs, utilizing every available federal, state, and local resource through coordinated funding, in order to improve mutual differences among children.

B. Supportive Services

7. Develop in each program a component of intrastate and interstate communications for exchange of student records, methods, concepts and materials to assure that sequence and continuity will be an inherent part of the migrant child's total educational program.

8. Develop communications involving the school, the community and its agencies, and the target group to insure coordination of all available resources for the benefit of migrant children.

9. Provide the migrant child's physical and mental well-being by including dental, medical, nutritional and psychological services.

10. Provide a program of home-school coordination which establishes relationships between the project staff and the clientele served in order to improve the effectiveness of migrant programs and the process of parental reinforcement of student effort.

11. Increase staff awareness of their personal biases and prejudices and upgrade their skills for teaching migrant children by conducting inservice and preschool workshops.

Other state and local agencies may provide free services to migrant children. It should be made clear that migrant funds are to be used to supplement and not supplant any of these services.

The state is responsible for funding the local programs and providing consultant services and supervision. However, the responsibility of carrying out the program rests with the local educational agency.

PRIORITIES OF THE STATE PROGRAM

The priorities of the state migrant child education program are:

1. Summer programs for interstate, intrastate and 5-year eligibility provision
2. State level administration of the program
3. Migrant Student Record Transfer System
4. Regular school term programs for interstate and intrastate migrants
5. Staff development activities
6. Media Resoruce Center

Media Resource Center

The Migrant Education Section has established a film library center in the State Department of Education at Baton Rouge. This center houses an excellent collection of 16mm film which is available on a loan basis to any school in a parish which has a migrant education program.

Migrant Student Record Transfer System

One requirement of the Public Law 89-750 is that the application for a migrant program grant contain provisions for coordinating the program with similar programs in other states, including transmittal of school records of migrant children. In order to provide speed and uniformity in transferring student information on an interstate basis, the National Migrant Student Record Transfer System was developed. It is based in Little Rock, Arkansas, with teletype terminals in each state connecting that state to the system's computer. The teletype in Louisiana is located at the Tangipahoa Parish School Board office in Amite.

The purpose of the Record Transfer System is to make educational related information on any child available to any of the cooperating states within 24 hours. Using this computerized system, a school official may contact the teletype terminal operator by telephone and request information on a migrant child by name. The critical data on a child which includes his birthdate, birthplace, sex, current reading and mathematics levels, and any chronic or critical health condition--will be supplied to the school official by the teletype terminal operation within four hours. The child's complete record will be mailed to the school from the data bank in Little Rock on the same day that it is requested provided that the child has been enrolled previously in a migrant education project. If the child has never been enrolled in a migrant program, the computer will use data supplied by the terminal operator to initiate a new record for the child which will be mailed to the school in which the child is

enrolling. In turn, all additional information gathered by the new school is sent to the data center to update the student's records.

The migrant child and his parents or guardians are allowed to review the data on his transfer record at any time.

Staff Development Activities

The Migrant Education Section hopes to establish the Louisiana Migrant Education Laboratory for the purpose of providing inservice education and staff development activities to local parishes.

Under this section any parish in Louisiana having a Migrant Education project could call the Louisiana Migrant Education Laboratory to provide inservice training to a teacher or teacher aide or any number of staff personnel. The workshops would be of such duration and on such topics as indicated by need. This service would be provided at no cost to the parishes.

Specifically, Louisiana Migrant Education Laboratory will provide the following types of technical assistance for the education of migrant children in Louisiana:

Developmental Reading
Oral English Development
Individualized Instruction

III LOCAL MIGRANT PROJECTS

ADVISORY COMMITTEE

Each administrative unit should have an advisory committee composed of individuals representing agencies directly involved in providing services to migrants. The purpose of this committee is to keep its member agencies informed on programs and services presently available to the migrant population. Agencies represented on the committee might include the local Health Department, Department of Social Services, Department of Mental Health, Community Action Agency, Grower's Association, Farm Labor and Rural Manpower Service, local Migrant Council, and any other agencies and organizations serving migrants. Migrant workers should also be represented. The committee may have regularly scheduled meetings or meet informally. In either case, there should be a free flow of information among the agencies and persons represented so that programs can be coordinated and duplication of effort may be minimized.

PLANNING COMMITTEE

Programs must be planned to provide the maximum benefits for migrant children, which necessitates the involvement of many persons in the planning stages. In addition to consultants from the State Migrant Education staff, some of these persons may be teachers, principals, supervisors, evaluators, and others directly involved in implementing the program.

PLANNING PROGRAM ACTIVITIES

At the time that the amount of funds available to the local agencies for carrying out migrant projects is determined, the State Director of Migrant Education will contact each local project director and arrange for a planning conference. Personnel from the State Migrant Education Section will work with the planning team from the local agencies in estimating the number of migrant children to be served, determining the need to be met and designing a program to meet these needs. Each local agency must submit five copies of the proposed program to the State Migrant Education Section for approval. Thirty days of lead time should be provided so that projects may be reviewed and approved in advance of their starting dates.

The estimated number of children to be served in the program should be based upon the best information available. Enrollment in previous programs is one indicator. This information is available in the office of the local school system. In addition, the project director should contact the Farm Placement Representative at the Employment Security Commission, members of the advisory committee and any other individual and agency necessary.

After the number of children in the project is established, the special needs of the children must be determined. The needs of migrant children have been identified by the states, since Migrant Education is a national program and migrants cross state lines to harvest the nation's crops. These needs have been outlined in a report on migrant education in the United States compiled by the U.S. Department of Health, Education and Welfare in 1970 entitled "Children of the Crossroad." The following is a summary of their report.

Instructional Needs

A. Ninety percent of all migrant children never finish high school and their average educational level is fourth or fifth grade.

B. Ninety percent of the migrant work force is Spanish speaking, requiring extensive language instruction. Although Public Law 89-750 funds have reached thousands of children, almost 90 percent of the schooling is below sixth grade.

C. At the end of the first year of operation (1966-1967), state evaluations indicate that language training was one of the five major needs identified.

D. Reading instruction is another need of high priority which is sequential to oral language development.

E. Activities geared toward developing a positive self-image of the migrant child is another need of great concern.

F. Trained teachers are needed to instruct in oral language special English programs, H-200 programs, and other programs that will improve language skills; consequently, there is an equal need for teacher training programs.

Nutritional Needs

A. Studies of migrant dietary habits show that their intake of starches, fats, and sweets is customary; and hardly enough milk, vegetables, fruits, and meats are consumed although many work with vegetables and fruits in the fields.

B. A nurse in Oklahoma remarked that some children are overfed but undernourished. Their diets, consisting mainly of starches and carbohydrates, are lacking in needed protein and iron.

C. Children must be coaxed to try to eat new foods such as peas, carrots, and other vegetables.

D. Many migrant children in Arizona's schools go to school without breakfast. As one administrator stated, "Were it not for the school free lunch program and the migrant supplementary

funds for food, many migrant children would find themselves incapable of learning due to lack of proper nutrition."

Health Needs

Of the five major needs of migrant children as revealed in evaluations submitted by all participating states, health is ranked second to language learning.

A. Few states cover migrant families under their welfare laws.

B. After screening by nurses and doctors, migrant children are found to have such health disorders as hernias; eye, ear, dental, and nose problems; heart and skin conditions; and often tuberculosis has gone undetected for long periods of time.

C. With the average salary being $1400 a year, few can afford health care of any sort. They suffer from such illnesses as rickets, scurvy, pinworms, nutritional anemia, acute febrile tonsillitis, and a dangerous protein deficiency known as Kwashiorkor.

D. Fifty percent of the children ofter die in infancy due to poor diet, unhealthy conditions, and lack of prenatal care for the mother.

Program Components

A. Career Education Oriented

1. Oral Language Development (English and/or Spanish)
2. Developmental Reading
3. Language Arts
4. Developmental Math
5. Social Studies
6. Physical Education
7. Preschool Experiences
*8. Social Growth and Positive Self-Concept Development
9. Career Orientation and Vocational Skill Training

B. Supportive Services

1. Health Program
2. Nutritional Program
3. Parent Involvement
4. Bilingual Staff
5. Educator's Inservice and Training Workshops
6. Home-School Liaison
7. Oral Language and Math Materials Center
8. Film Centers

*Because of the importance of item (A-8) above, the following additional information is included:

Social Growth - The migrant child is often shy and may feel unaccepted. He is also subject to a marked increase in fears as he enters school. He does not possess many of the so-called basic social amenities. In fact, many do not even know how to use forks, knives, and spoons properly. For this reason, the classroom should be a small society with a home-like atmosphere where the child acquires skills in simulated situations.

However, since most authorities agree that segregation of migrant children for special classes is not wise, these children should be put with others for reading, mathematics, and other classes; frequent opportunities can be provided by making sure all the children are together for lunch, games, and any other group activities. The curriculum should also offer many opportunities which provide a good deal of social contact among pupils and with the teacher. Children should be encouraged to ask relevant questions in class, on field trips, and in other activities.

Self-Concept Development. Because the migrant child does not have the advantages of the middle-class child, educational programs for migrant children must be compensatory in nature. The basic goals of such programs should be to provide those experiences that will help each child improve his self-concept, develop his language ability and vocabulary, expand his cultural experiences and establish sound health and nutritional habits. Generally, the migrant child comes to school with a negative concept about himself and his capabilities. He feels insecure, inferior, rejected, and threatened, as he confronts the classroom environment. Until he begins to feel that he is important as a human being, that he has a history of which he can be proud, that his people have dignity, and that he is liked and accepted, he cannot achieve the feeling of security which is necessary before the learning process can begin. Some of the ways that the teacher can learn about the child and gain his confidence are through conversations, sitting with him at lunch, playing with him on the playground, and visiting him in his home. As the migrant child begins to feel more secure and that he is wanted and accepted, it becomes easier to determine the types of experiences which should be included in his school program.

One basis for designing a program which would meet the needs of these children should be to review the recommendations made on the previous year's migrant program evaluation report.

Planning for evaluation of the project should be an integral part of the program planning and should be in terms of objectives which are determined in advance by the planning team and enumerated so that they may become the basis for evaluating the success of the program. Some recommendations from evaluation reports of previous migrant programs which may be used as guides in planning and implementing an effective program are:

1. Each project should have a school staff member assigned the responsibility of supervising the daily operations of the project.

2. Instructional programs should be tailored to the learning styles of migrant children by placing emphasis on physical involvement and building feelings of security and self-esteem.

3. Learning activities should emphasize positive aspects of the migrant's subculture.

4. Adequate health services should be provided in each project.

5. Instruction in personal hygiene should be realistic in terms of the children's living conditions.

6. Each project should provide food services to the children enrolled.

7. Each classroom should have reading materials for a wide range of abilities.

8. Preschool and primary school children should have supplies of puppets, puzzles, outdoor play equipment, blocks, tools and other materials for instruction and creative play.

9. The staff should have the opportunity to rate the effectiveness of the administration of the project.

10. Maximum use should be made of aides.

11. An orientation period for the staff should be provided.

12. Local staff development activities should be included in each project.

13. Forms and reports to the State office should be submitted promptly and accurately.

14. Special attention should be given to the procedures of the National Student Record Transfer System.

Regular School Term Programs

Migrant children enrolled in school during the regular school year should benefit from all appropriate activities in the school program, regardless of the source of financial support. Migrant education funds may be used by those school administrative units operating a migrant education project to supplement and extend the services to migrant children which are not provided through other sources of funding. These, for instance, may take the form of extra personnel (Classroom aides, reading, counseling,

speech or other specialists) who work directly with the migrant children or free the teacher to work with them. As has been stated, these funds cannot be used to supplant other sources of financial support. State priorities will determine the amount of funds available for regular school term projects.

Summer School Programs

Summer school programs for school-age migrant children have first priority in the migrant education program. These are generally less restricted to a predetermined curriculum and attempt to utilize an experience-based, non-textbook approach to learning. Most of the programs are operated as separate projects with migrant education funds as their primary source of support. Even in these projects, however, the program should be planned so that there is coordination of efforts by the agencies providing supporting services to migrant families. A summer program may be completely migrant if it is the only summer program in the district, or it may be integrated, which is encouraged if the district is running some other type of summer program (regular Title I or a local district program). The reason for this, aside from coordinating services, is that the social isolation of the migrant child's life makes it imperative to provide as many community and non-migrant contacts as possible while still meeting his educational needs.

RECRUITING MIGRANT CHILDREN

The director's first step in recruiting children is to secure the interest and cooperation of the growers in the area. These people can be quite effective in establishing rapport between the migrant and the school. For summer school they should be contacted during the late winter or early spring. If they are interested, they can inform the crew leaders that summer school will be in operation in their areas. Crew leaders who prefer stable family groups to unattached migrants can use this summer school program to induce parents to bring their children with them rather than leave them with relatives. Thus, the growers may be the key people in helping to keep migrant families intact. Several agencies may cooperate with the director by furnishing information and assistance in locating migrant homes and family units in the area and estimating the number of migrants expected, and the approximate date of their arrival. In addition, home-school coordinators, nurses, social workers, and teachers may be involved in recruiting migrant children into the project. As they visit the home they should explain the purpose and advantages of the program and provide written information to the families, indicating the opening date of school, the bus schedule, and other information relating to the project. If possible, they should collect information requested in the Application and Authorization for Enrollment in the Migrant Project on each child who will be enrolling and secure the parent's or guardian's signature on the form. Other information which may facilitate enrollment and the formation of tentative class rolls will be that relating to grade, health conditions, inoculations, and special needs of the children.

AGE LIMITATIONS

Under the definition and guidelines for the migrant program, educational programs may be designed for migrant children and youth who range from four years through eighteen years or high school graduation, whichever comes first. It would be desirable for local directors to find day care for children under four years old so that older children in the family would not have to care for them, and would be able to enroll in the educational program. Sometimes the Council of Churches provides such care, or there may be other agencies who would provide it. Unfortunately, under present circumstances, the migrant program itself cannot provide such services.

LENGTH OF PROGRAM

The programs should be planned to operate for the entire period of time that the migrant families are in the community. Many of the summer programs will operate for six or seven weeks. The elementary school program during the regular school year should, of course, extend for a full day, or at least six hours exclusive of the lunch hour. Most summer programs extend for five hours per day.

APPLICATION AND AUTHORIZATION FOR ENROLLMENT

School officials must complete two copies of the Application and Authorization for Enrollment in the Migrant Education program for each migrant student that enrolls.

One copy of the form is sent to the terminal operator servicing that school, immediately upon enrollment. In no case should there be a delay of more than five days from the date of enrollment until the form is sent to the terminal operator. The other copy of the form is to be filed in the local educational agency. The purpose of the form is to gather information required on the Uniform Migrant Student Transfer Record, to establish eligibility of the student to participate in the program, and to authorize school officials to provide emergency medical care through a physician if such treatment should become necessary.

ATTENDANCE REPORTS

Each local educational agency is required to report periodically the number of children enrolled in its migrant education project. There are two separate forms for reporting this information: one for the regular school year, and one for the summer program. Both are available from the State Migrant Education Office and should be submitted according to the directions printed on the form.

PUPIL RECORDS

Louisiana is cooperating with the U.S. Office of Education, and all the other states, in the Uniform Migrant Record Transfer System. All local educational agencies operating migrant projects must comply with the requirements of this system. It is the local educational agency's Migrant Student Record Transfer clerk's responsibility to ensure accuracy and updating of all migrant student records. This requires: (a) posting of all pre-test scores, (b) posting of all immunizations, and (c) updating all other pertinent information on migrant student records.

FOOD SERVICES

All children enrolled in a migrant project should be provided with adequate food service from whatever sources are available. Summer migrant projects are eligible to receive surplus food commodities and may also receive cash reimbursements through the Bureau of School Food Services of the Louisiana State Department of Education.

HEALTH SERVICES

Each local migrant project should have a health services component. Medical and dental examinations and treatments and corrections should be provided. If possible, these services should be provided through the local Health Department, the Migrant Health Project, or other agencies having primary responsibility for health services; however, if the local agencies cannot provide these services, they should be a part of the migrant education project, but should be coordinated with services provided by the local Health Department.

FIELD TRIPS

Field trips can be especially valuable for carrying out the purposes of educational programs for migratory children. Attitudes and outlooks change more easily where there are opportunities for the easy give-and-take incidental to planning, developing, and carrying through of an activity such as a field trip. Good field trips for children of migrant workers have the same characteristics as good field trips for any children. The major requirement is that such trips should be based on a first-hand knowledge of each individual pupil's needs. All children in a classroom do not necessarily need the same trips. Careful planning should be given to these trips with persons other than the classroom teacher. Summer programs, with their low pupil-teacher ratios and adequate consultant and paraprofessional personnel, allow this attention to individual needs. Migrant children need the quality of direct interaction with concerned and capable adults that is possible in small groups. They need especially to learn how to perceive and integrate the experiences gained on the trip. One of their major difficulties is the extreme superficiality of their experience outside their own families and their limited subculture. Certain experiences lend themselves to large groups of pupils. The traditional trips to zoos, to circuses, or to picnicking spots, are often enhanced by large group participation.

The changing patterns of family living among some groups of migrants may also make it desirable to include some introduction to settled community living. This may include a daily trip to the post office to pick up the mail or other routine responsibilities outside the classroom.

TRAVEL AND EQUIPMENT

Pupil Transportation

Each child enrolled in a migrant summer program should be provided with transportation to and from school. Cost of pupil transportation services

will be figured on the basis of the salaries for bus drivers plus the per-mile operating cost of the school buses operated by the local educational agency.

Travel

Reimbursement for travel in the performance of duties shall be in accordance with the policies adopted by the local school board, and not in conflict with rules and regulations of the Louisiana State Department of Education, Migrant Education Section.

Equipment

It is expected that all equipment in the school will be used as required in the migrant project. Therefore, most of the equipment necessary for the migrant program should be available through the local educational agency. In some instances it may be necessary to purchase an item of equipment in order to meet the special educational needs of the children enrolled in the program. Each item of equipment to be purchased under a migrant education project must be listed on the project application and approved by the State Migrant Education staff prior to its purchase. In addition to the proposed purchases, the local educational agency must submit to the State Migrant Education office a copy of an inventory report each fiscal year prior to, or along with, the submission of an application for a Migrant Education Program.

The local educational agency is also required to complete, and submit to the state educational agency an "Assurance of Capital Inventory Register" form whenever purchases of equipment which cost $100 or more per unit are made.

Whenever necessary, a local education agency will complete, and submit to the state educational agency the "Report of Alteration of Title I Migrant Equipment."

All equipment purchased with Title I migrant funds must be used in an approved program designed to meet the special educational needs of the migrant children enrolled in that program. All such equipment must be prominently marked "ESEA Title I Migrant."

Title to all equipment purchased under a migrant project is vested in the state educational agency.

DISSEMINATION OF INFORMATION

The local educational agency should provide the local news media with information on the migrant project, including human interest stories, photographs, and other items related to project activities. An informed public will tend to be an interested public and will hopefully support the program in action.

Information about modern developments, program activities of an innovative nature, educational research findings, and other significant program information should also be shared with the teachers and administrators in the local educational agency and the Migrant Education Section. Some ways that this information may be disseminated are through professional staff

meetings, workshops and seminars; professional libraries, newsletters; press releases (newspapers, radio and television); and staff development conferences.

Upon request, copies of any official document or other migrant related information will be made available to any interested person or agency at a reasonable cost. The only exception to this regulation is that individual pupil performance records must be kept in confidence.

IV PROJECT PERSONNEL AND STAFF DEVELOPMENT

All professional personnel should be certified for the position for which they are employed, and paraprofessionals should be qualified for their positions through training and experience. Staff development activities for project personnel are essential to the success of the program. The project staff should receive inservice training to sensitize teachers and other personnel to the ethnic and cultural backgrounds of the migrant children.

PROJECT DIRECTOR

The local project director's primary responsibility is to provide the atmosphere and resources essential to a smoothly running program. To do this, he should possess an insight into the problems of migrants, a knowledge of curriculum, methods and materials, and an earnest desire to improve the status of migrant children and adults. He should give direction to the planning of the program activities and should keep in close contact with the staff during the operation of the project. He has the ultimate responsibility for the operation of the project and for all records and reports required by the State Migrant Education Office. The minimum responsibilities of migrant program directors may be enumerated as follows:

1. *Determine the number and location of migratory children.*

2. *Make an assessment of the needs of the children.*

3. *Develop goals and objectives based upon needs.*

4. *Develop inservice training programs for teachers, aides, and supporting personnel.*

5. *Determine educational priorities.*

6. *Act as a public relations agent by promoting parish and community acceptance of educational programs for migratory children.*

7. *Promote rapport and coordination between the school and the migrant community.*

8. *Promote coordination among local, state and federal agencies to secure and implement services from all available sources for migratory children, e.g., USDA for lunch programs, Public*

Health Services, Migrant Ministry, OEO, church day care centers, etc.

9. *Assist in the planning, design, implementation, monitoring and evaluation of the migrant education program, making certain that programs are developed around SEA educational priorities and objectives for migratory children from preschool through high school.*

10. *Attend state and regional meetings of migrant program personnel.*

11. *Provide services for migratory children who are in the LEA during the spring and fall when regular school is in session, making certain that they receive services from the regular school program and that migrant funds provide supplementary services.*

12. *Submit all project applications to the SEA for funding.*

13. *Establish guidelines regarding the purchase of materials and supplies.*

14. *Maintain an inventory of all equipment purchased with migrant funds.*

15. *Make certain that there is an Authorization for Enrollment form on file in the LEA for each child enrolled in the program.*

16. *Supervise the transfer of students' records.*

17. *Disseminate information concerning the program.*

18. *Supervise the expenditures under the program to make certain that the LEA is supplementing and not supplanting other funds.*

19. *Assure that materials and tests used in the program are suitable for the children being served.*

20. *Submit evaluation reports to the SEA no later than 10 days after the end of the program.*

21. *Prepare forms and reports as required by the State Migrant Program Director.*

22. *Assist in the selection and hiring of project personnel.*

CLASSROOM TEACHERS

Teachers selected to work in migrant projects should have a desire to work with disadvantaged children and, if possible, should have had some previous experience with them. A knowledge of the sociological and economic background of the migrant is important to the development of and understanding of and a genuine interest in these children. Teachers must als be able to adapt curriculum content and materials to the children's level of understanding so that they may develop skills and

concepts they will need to become productive citizens in our society.

SPECIAL TEACHERS

A valuable aspect of the program is the use of special teachers in the fields of art, music, crafts, physical education, and homemaking. Their roles are most effective when they support the ongoing activities of the classroom. Some of these special teachers can assist the pupils in preparing practical projects, many of which can be taken home and used by the pupils and their parents.

CONSULTANTS

In order to provide more fully for the needs of migrant children, it may be necessary to provide the services of a team of consultants. This team might include people trained in reading, guidance, psychology, health and speech.

They, too, need an understanding of migrant problems and a desire to help. The consultants should work closely with the regular staff so that optimum opportunity is provided for each child to develop and achieve his highest potential -- physically, mentally, and socially. Consultants and program specialists in the State Department of Education should be utilized to the greatest extent possible before requesting assistance from outside sources.

TEACHER AIDES

Most of the Migrant Education projects in Louisiana employ teacher aides. Because of their importance in the migrant program, local educational agencies should exercise good judgment in the hiring of these paraprofessionals.

Qualities of Effective Migrant Aides

Previous experience in working with children is highly desirable in an instructional aide. Maturity is another important quality.

Former migrants, migrant parents, and young adult migrants, can play an important role in the migrant program as teacher aides. Bilingual aides, if available, not only help with the instruction, but they can also serve as translators, interpreters of migrant culture, and act as liaison between home and school. The ability of migrant teacher aides to communicate about the program in the farm camp and the child in the classroom is incomparable.

Use of Migrant Aides

A migrant aide may be used several ways in a migrant program, depending on how the project proposal is written. If an aide is employed as an instructional or teacher aide, then that aide must be used exclusively as an instructional aide and not used for such nonteaching activities as playground, cafeteria, or cross-walk guard duty, etc. On the other hand,

if the project proposal calls for a nurse's aide or library aide, then these people will work exclusively in those designated areas.

RECORD TRANSFER CLERK

The Record Transfer Clerk will be employed exclusively for the purpose of initiating and maintaining the migrant students' records. The major areas of responsibilities are:

1. *Enrollment of migrant students*
2. *Continuous updating of student records*
3. *Withdrawing of migrant students*
4. *Identification of new migrant students*
5. *Recruitment of new migrant students into the program*
6. *Responsibility for the signature of Parent Approval Form for five-year migrant students participating in the migrant summer school*

Only under special conditions and authorization from the SEA will the Record Transfer Clerk be used in areas other than Migrant Student Record keeping.

The local educational agency has the responsibility of developing a plan of procedure that the Migrant Student Record Transfer Clerk can use in obtaining the information necessary to complete the Migrant Record Transfer form. The process of obtaining this information is a constant, ongoing job and therefore requires that the clerk be used exclusively for this purpose. Procedures on how the Migrant Student Record Clerk can obtain information on the following items need to be developed and implemented:

1. *Obtaining migrant students' vital information, i.e., name, address, parents' names, birthdate, birthplace, etc.*
2. *Obtaining migrant students' health information*
3. *Obtaining migrant students' academic information such as grades, number of hours that a migrant student receives help on a certain skill or subject area, either in his own classroom or in a special classroom.*

Local educational agencies are strongly urged to provide migrant teacher/teacher aide inservice training at the local school level.

SOCIAL WORKER

A social worker working with the migrant program must have a knowledge

and understanding of the experience, working and living conditions, language, and culture of the migrant. A determined effort should be made to recruit qualified persons who have firsthand knowledge of this way of life. The social worker should establish lines of communication and, if possible, rapport with the growers, camp owners and managers, and all people in the area who can provide information concerning the temporary or permanent residence of the migrant families. He should have a thorough knowledge of the school's philosophy, curriculum, activities, and supportive services and an appreciation of the extent that they can be modified to meet the needs of the migrant students. He should be knowledgeable of the agencies, service organizations, businesses and industries in the community which can provide supportive services that will assist the school in meeting the needs of the migrant students.

V LOCAL COMMUNICATIONS WITH STATE OFFICE

APPLICATION FOR MIGRANT PROJECT

The local educational agency seeking funds for a migrant project submits one copy of the project application to the Migrant Education Section, Louisiana State Department of Education. The complete application consists of a detailed description of the proposed program, its dates of operation, objectives, anticipated number of migrant children to be served, schools in which the program will operate, personnel to be employed, a list of equipment to be purchased, and a proposed budget to carry out the program described. Application forms are available from the Migrant Education Section, Louisiana State Department of Education, P. O. Box 44064, Baton Rouge, Louisiana 70804.

Briefly, the procedure for preparation and approval of a project application is as follows:

1. Local education agency and state educational agency personnel jointly design a program to meet the special needs of the migrant child.

2. Local educational agency personnel develop plans for program activities and budget for implementing the program.

3. The project application is submitted to the Migrant Education Section, Louisiana State Department of Education.

4. The Migrant Education Section reviews the project application.

5. The local educational agency modifies the project proposal according to any recommendations made by the Division of Migrant Education.

6. The State Director of Migrant Programs issues project approval.

7. The Division of Business and Finance reviews the project and issues project approval.

8. The State Superintendent of Education, Louisiana State Department of Education, reviews the application and issues project approval.

9. A copy of the approved project is sent to the local educational agency and also to the parish school superintendent's office.

The original copy is kept on file in the Migrant Education Section, Louisiana State Department of Education.

PROJECT REVISION

Any substantial change in program activities and any changes involving the project budget must have prior approval from the State Migrant Education office.

A local educational agency may request a revision of its migrant project by submitting an amendment to the State Migrant Education office. Revisions of project must be submitted on "a budget revision form" and each change or addition must be justified in an accompanying letter of explanation. All amendments submitted must be signed by the parish school superintendent.

CARRYOVER PROVISION FOR MIGRANT EXCESS

Public Law 91-230 added Section 405 (a) to the General Education Provisions Act, authorizing state educational agencies to use excess migrant funds appropriated for a fiscal year for program activities to be conducted during the succeeding fiscal year. Funds that are not obligated prior to the end of the program shall be returned to the Louisiana State Department of Education.

PARENTAL INVOLVEMENT

Friendly contacts with parents are important in establishing rapport, in helping the parents as well as the child to adjust to school, and in improving attendance in the school program. Home visits by the teacher, attendance worker, counselor, or other personnel can be made to enroll children in school, to determine causes of absences from school, to become acquainted with the parents, or to learn of home conditions. Invitations to visit the school and teachers whenever necessary should be part of the contacts made between the school and parents of migrant children. Letters and informal notes are also helpful in increasing the interest of the parents in sending their children to school regularly. Informal notes can be used to inform parents of school activities and programs, to announce services offered by the Health Department, to obtain additional information for school records, and to recognize and praise the child for a school activity he has done well. Brief notes or comments on the margins of written papers which the children take home to the parents are other means of communication.

INSERVICE EDUCATION

Presently there are two types of inservice programs sponsored by the Migrant Education Section of the Louisiana State Department of Education. These are The State Migrant Workshop and The Annual Administrators' Workshop.

A. *The State Migrant Workshop*

The Louisiana State Department of Education, Migrant Education

Section, annually sponsors a state workshop for elementary school teachers of migrant children. The basic objective of the workshops is to implement principles and practices in the following instructional areas:

Classroom Organization
Oral Language Development
Development of Reading Skills
Individualized Mathematics

The workshop for teachers and other professionals consists of field practice, demonstrations and discussions of the rationale behind techniques and material used by teachers and exercises in the development of leadership and evaluation skills.

B. *Annual Administrators' Workshop*

The Louisiana State Department of Education annually sponsors a state workshop for administrators of migrant education programs at the local level. The basic objective of the workshop is to implement policies and practices which will improve the states' program. The following areas are reviewed:

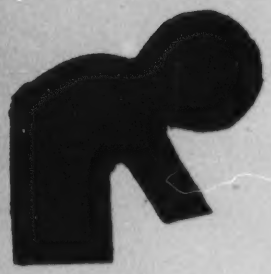
1. *Evaluation criterion at the LEA and SEA levels*
2. *Proposal submission*
   (a) *Children served*
   (b) *Needs assessment*
   (c) *Objectives*
   (d) *Inservice training*
   (e) *Evaluation*

SALARIES

Salaries for professional personnel in the migrant program will be in accord with the salary schedule adopted by the LEA for this program. At no time will they exceed rates of the professionals in that particular school system. Non-professionals will be computed on an hourly or monthly rate as adopted by the local educational agencies.

FRINGE BENEFITS

Fringe benefits for professional and paraprofessional personnel should follow the policies of the individual local educational agency. Matching contributions for Social Security (FICA), State Retirement, and Workman's Compensation should be included in the budget for everyone employed in the migrant program. The local educational agency also has the option of providing funds in the project budget for Health Insurance for personnel employed with migrant funds.



Louisiana Migrant Education

Support Services

Nursing

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FOREWORD

The ultimate purpose of the following information is to make administrators more aware of the health needs of the migrant child and the needs of those in support services such as nurses and social workers. Hopefully, the ultimate result of the information furnished will be to assist nurses and social workers to provide quality services.

Infant problems are also discussed in this section because it is felt the social worker should be in a position to discuss or recognize common problems, and report them, if necessary, to the nurse.

In order to make optimum use of the limited period many migratory workers and their families are in areas, careful planning and organization must take place.

Since each program is unique in its facilities, operation, personnel, and available services, the guidelines provide direction and suggestions for carrying out the health program. New ideas and ways of improving services should be incorporated into the program.

The professional nurse will find challenge and reward in working with the children and families. Although much progress has been made in support services for migrant children, much still remains to be done.

Beverly L. Fortier, Director
Migrant Education

I THE BACKGROUND OF THE MIGRANT WORKER

More than 700 of the nation's 3,100 counties depend on the labor of farmworkers from outside the local area during the peak of the harvest season. One million men, women, and children move annually in response to this need.

Migrant farmworkers are not commuters. They travel so far from their homes that they must establish a temporary residence in one or more other locations during each crop esason. All family workers may work when work is plentiful.

There are many social and economic handicaps that characterize farm migrants:

Minority group status - The people belong chiefly to Spanish-speaking, Negro, Indian, and low-income "Anglo" minorities.

Lack of education - The average migrant adult has achieved the fifth grade.

Poor environment - With minor exceptions, their housing is characterized by slum conditions in both their home base and their work communities.

Community rejection - Even in their "home" communities they are often not accepted.

The migrant has the added handicap of mobility. Always a stranger and an outsider, he "belongs" to no community. Even the place he calls home often does not consider him one who "belongs."

Within the past decade, hope has come to these people through organizations and agencies interested in helping them obtain a better life.

The program's greatest emphasis is on training and education to help the migratory worker to help himself to achieve his maximum potential. In fact, care centers are conducted for children from infancy to three years, Head Start programs for pre-schoolers, elementary education for children up to age 14, and adult and family programs are provided to improve basic employment skills.

The Louisiana Migrant Program is striving to improve the migratory worker's conditions by making the community aware of his problems and by making the migratory worker aware of his opportunities in the community through available referral services. Help is given the migrant worker in order that he may become a viable citizen in the social and economic community.

Health care is also provided in medical services, preventative medicine, infant care, and dental care, and health instruction. Infant care is provided when a program has an infant care center.

Interest is growing. Each year more children are coming, and more families are interested. The people realize that their children need education and training if they are to obtain permanent jobs and lead better lives.

II COMMON HEALTH BELIEFS AMONG MEXICAN-AMERICAN MIGRANT WORKERS

The Spanish-speaking migrants have a cultural and linguistic backbround different than that of the English-speaking Louisianian. Because of this, they have numerous beliefs and attitudes that are different from ours.

Many of these beliefs are being tossed aside in the modern day as a result of increased knowledge, yet still large numbers are retained, particularly among the adults. Children are now learning about good hygiene and modern health practices in our schools throughout the country. It is toward attainment of this basic health education that we shall strive.

We, as personnel dealing with migrants, must be able to recognize, understand, and accept the existence of these age-old believs to avoid insulting the migrant parents and children. By such knowledge we may avoid the establishment of barriers that would hinder our relationships and progress.

The following are some beliefs and attitudes which it might be well for us to take into consideration.

The male is unquestionably the head of the household and whoever enters the home is to respect his authority.

Modesty is also to be protected at all times. It is difficult for a member of the opposite sex to disrobe even for a physical examination. Some pregnant women do not eat pork. This should be remembered if they work as aides or attend program functions.

Folk diseases are unique to Mexican-Americans and are cured only by folk medicine. Since Anglos do not get these diseases, they are considered immune to them. Some examples are:

> Fallen-fontanel - the symptoms are possible insomnia, loss of appetite, digestive upsets, and excessive crying in the baby. The cure consists of holding the baby upside down so gravity helps push the fontanel back into place, having an adult insert both thumbs into the mouth of the child and pushing gently on the palate, or covering the fontanel with a poultice of herbs or wet bandages.

Evil-Eye - is to some extent a reflection of envy. The symptoms are simple nervousness to rashes, sores, aches, and pains. It is of supernatural origin and inflicted by enemies in league with Satan. To remove the effects of evil-eye, do not forget to touch the head of any child you have admired or complimented. The Mexican-American child is accustomed to being touched by those who love him and looks for this sign of affection.

In order to work effectively with these people and establish good rapport, we must never deny or disregard these beliefs as superstitions. We must try to use these beliefs to the best advantage and work with them, if possible.

Never insult the migrant by dismissing his self-diagnosis, but agree with him, explaining that we have different words for the same disease. This he will accept.

III ROLE OF THE MIGRANT SCHOOL NURSE

As the migrant school nurse, you will be primarily responsible for the health of the children in the school in the broadest sense. This specifically involves preparing for and scheduling examinations; immunization clinics; vision, hearing and dental clinics; detecting any need for medical care and either providing or obtaining such care; and, of course, providing simple first aid. Follow-up care is to be arranged and provided for as much as possible. You will promote and assist in health instruction, inservice training for aides, case-finding, counseling, record keeping and referring cases to the local health agency nurse for home visits. You will be a resource person in health for the teachers and all other personnel in the school.

In the past, reports of migrants' health status and services have shown:

Repeated serious outbreaks of diarrhea among the children.

Lack of early prenatal care and sometimes none at all for migrant mothers.

Lack of knowledge about nutrition.

Lack of proper dental care.

Lack of eye and hearing care.

Lack of adequate immunizations.

Frequent outbreaks of pediculosis.

IV ROLE OF THE FIELD NURSE

Louisiana has one migrant health agency, located in St. Mary Parish, which is funded through the U.S. Public Health Service. Any program in close proximity of St. Mary Parish should take advantage of these services.

As a certified public health nurse, the nurse at the migrant facility helps the migrant families as needed. She serves only migrants and is a supplement to the local health agency.

V ROLE OF THE NURSE ASSISTANT

If the migrant school nurse feels it is necessary, she may have a nurse assistant under her jurisdiction. If such an assistant is employed, the following is a partial list of duties:

A. It is the nurse assistant's duty to aid the migrant school nurse in providing health care to the migrant children. What you have to do is very important. You are the arm of the nurse. Many things may happen that require her attention, yet she can't be everywhere at once. It is then your duty to assist her as she requests. Some of the possible tasks you may assist her with are listed elsewhere. Yet, keep in mind that each location and situation is unique in itself--providing for possible additions or variations in your job description as given below. The migrant school nurse will thoroughly explain each task she wants you to do. If you do not understand, do not be afraid to ask her again--always be sure of what you are doing and why you are doing it.

B. Assist the migrant school nurse in preparing for various examinations and tests.

   1. Help obtain and arrange supplies and equipment.

   2. Fill out forms for the examinations and tests.

   3. Take weights and heights of children as directed.

C. Prepare formula for infant care, if necessary, as directed by the migrant school nurse. This applies if program has infant care.

D. Assist the migrant school nurse during examinations and tests.

   1. Run errands.

   2. Assist with the testing.

   3. Help record test results.

E. Assist the migrant school nurse in maintaining health records and forms.

F. If possible, transport children for examinations or follow-up care, as directed by the migrant school nurse.

G. Act as interpreter, if possible.

VI PREPARING FOR THE MIGRANT SUMMER PROGRAM

Pre-program planning can save the migrant school nurse much time and trouble. The following is a list of suggested details to be considered before the program begins.

A. Arrangements with the local health officer or local physician and public health nurse.

1. Within the jurisdiction of the local health officer is the enforcing of all laws, regulations and ordinances, whether state or local in origin. The migrant school nurse should arrange to meet him and discuss the coming summer program with him as soon as possible. There are also other practicing physicians in the community who are utilized in the migrant program. The migrant school nurse should meet with the physicians in her area who will be providing medical services.

2. Be prepared to thoroughly explain the services of the Migrant Program and its goals. Many physicians are well versed about the migrant program and are very cooperative. Some, however, do not seem to understand the purpose of the migrant program and resent the extra load of patients brought to them. By your willingness to plan ahead with the physician, you might develop a better working relationship for the coming weeks and save unnecessary time and trouble for both of you.

3. Since the services of the local health officer or other local physicians will be needed during the migrant school program, it is well to obtain an understanding insofar as possible, of what services are to be anticipated and how they will be handled.

4. Standing Orders - It may be desirable for the migrant school nurse to obtain a set of "standing orders" from the local physician or parish health officer, or an understanding as to what should be done with reference to the following items: (These orders should be in writing and signed by the physician.)

a. Emergency medical care

Under what circumstances may the physician be contacted? How and where may he be reached? (Post his phone number for immediate availability.)

b. Communicable diseases

Does he wish to personally examine all ill children? How will he want to control cummunicable diseases, such as pediculosis or diarrhea?

c. Medications on hand

Does the physician desire that you have medications on hand such as children's aspirin, cough medicine, antibiotic ointment, and similar medications: Of course, many of these require no prescription, but it is wise to discuss this with the physician. He may prefer to write some "standing orders" or medications he recommends and prefers. Such steps may save both of you time and trouble.

d. Cuts and wounds of feet

Since migrant children frequently go barefooted, cuts, sores, and wounds of the beet are fairly common. Infection frequently results. What care does the physician prefer that you provide? Will he require tetanus antitoxin to be given with most wounds?

This list presents just some of the possible problems and questions that may arise. From past experience, the physician may have additional requests and procedures he will want you to follow.

5. Scheduling of physical examinations

a. It is recommended that these exams be conducted during the second week of the program to allow adequate time for registration of all students and for provision of referral services and follow-up care. The nurse should judge whether or not a phusical is needed. The child's record should be checked to ascertain if one was recently given.

b. Provision should be made for routine urinalysis and hemoglobin checks when possible on or before the date of the physical examinations. The "Combistix" which detects abnormal albumin, dextrose, and PH may be used. Abnormal findings may be further tested by more accurate procedures as determined by the physician.

6. Immunizations

a. The physician's preference and advice should be sought in providing immunization. Local clinics may have immunizations available for children with parents.

b. If the migrant school nurse is giving the immunizations, she should review the health records and medical histories completely and determine the approximate type and amount of immunizations needed.

c. Immunizations should be started during the second week of the program to allow for a second shot of DPT to be given one month later.

d. Mantoux testing can be arranged with the local public health nurse if recommended by the physician.

7. The migrant school nurse is encouraged to keep in close contact with the local public health nurse to insure continuity of care.

B. Preparing for vision, hearing, and dental screening

1. Vision - Vision examinations are done by the migrant school nurse. Plans and provisions for conducting these examinations should be made in advance. Advance inquiry should be made regarding care for the children with visual defects. The school project director should be contacted as to whether the migrant program can provide glasses; if not, local service clubs (Lions, etc.) should be approached. Local service groups or extra help should be contacted to help with all of the screenings.

2. Hearing - Hearing examinations should be arranged in the same manner as the vision. Appropriate referrals should be made.

3. Dental - Dental examinations will be made by the school nurse. Advance arrangements must be made with the local dentist to provide follow-up dental care, preferably the last two weeks of June and the first week of July. If such arrangements are not made, very little, if any, dental care will be accomplished.

C. Health Education

Health education is an important part of the health program and should be planned early in order to obtain films and other materials. See the resource section at the end of this book.

VII SETTING UP THE HEALTH PROGRAM

A. Nursing Care Facilities

1. Room with phone and handwashing facilities. Arrangements should be made for the nurse to have a desk or table available for her use, along with a file, boxes, or drawers for keeping records and paper.

2. The migrant school nurse will find it necessary to have certain supplies on hand other than the First Aid kits. As mentioned previously, certain medications must be discussed and agreed upon by the physician, and standing orders for administration of such medications obtained, if possible.

3. The following is a suggested list of possible needed supplies and equipment. Each nurse should decide her needs.

traveling first aid kit
tongue blades
oral and rectal thermometers
container for thermometers
alcohol
antibiotic ointment
Phisohex
Caladryl
first aid ointment or spray
Pepto Bismal
plastic spoons
Q-tips
Murine
spirits of ammonia
children's aspirin
safety pins
wooden applicators
sunburn ointment
arm sling
eye patches
Kaopectate
guaze pads
bandages
first aid tape
tweezers
Band Aids
vaseline
cotton
epsom salts
Kleenex
soft disposable towels
flashlight
blunt scissors

4. Records - The following records and forms should be used:

   a. Medical history and physical examination sheet for each child.

   b. Pocket Health Records - PHS 3652 for each child. (This record is to be filled out by the migrant school nurse and sent on with the child at the end of the program.)

   c. Vision and hearing screening forms.

   d. Emergency and referral forms.

   e. Health Program Control Sheet - This is to be used merely as an available "organizer" for the migrant school nurse.

   f. Record Transfer System Forms - computer forms on each child.

5. Isolation Facilities - In some location in the building, preferably adjacent to the nurse's office, a protected space should be set aside to provide for isolation of a sick child until needed treatment may be obtained and the child is taken to his home. Such facilities should include:

   a. Bed or cot

   b. Sheets and blankets

   c. Nearby access to handwashing and toilet facilities

B. Allocated Medical Funds

The migrant program allows an established amount of money for medical care per child in all areas. Funds may vary from year to year. The migrant school nurse should check with the project director concerning the funds allocated for the present year. All medical supplies, prescription medications, and professional examinations are to be purchased as part of the total medical expense.

VIII DAILY ROUTINE

It may prove helpful for some of you to have a suggested daily routine to follow. Each of you will, however, soon find a schedule that is suited for your individual program and situation. The following suggestions are offered:

A. Rounds

Perhaps "rounds' to each of the groups of classes should be made the first thing every morning. This will enable you to get to know the children, and thus allow the children to feel they are familiar enough with the nurse to consult her if necessary. Any illness or disease condition can then be observed. (Since children may become ill later in the day, continuous observation should be employed by the teacher also.) The best time for "rounds" will have to be arranged with the cooperation of the migrant school teachers.

1. When the migrant school nurse finds that a child is absent for the second consecutive day, she should contact the field representative or counselor so that he may make a field visit to the family to inquire about the child's absence.

2. Preliminary inspection of all children will also be conducted at this time, including observation of their eyes, throat, mouth, skin and general appearance. Observation should also detect possible signs of listlessness, pallor, flushing, spots, runny nose, loss of appetite, and unusual behavior. The migrant school nurse may also check to see if sanitary conditions are maintained.

B. First Aid

Any required first aid treatments can be administered during "rounds" also, or the students needing care may be asked to report to the migrant school nurse's office at a later time.

All first aid care should be offered with a complete and simple explanation of what is being done and why it needs to be done. <u>If feasible, the child should then be asked to complete his own care under the migrant school nurse's direct supervision, thus enabling him to better retain this information and skill</u>.

C. Medications and Treatments

Medications ordered by the physician for individual children (such as iron and antibiotics) and treatments should also be given during "rounds" and updated as necessary. Another approach may be for all children needing medications or treatments to report to the migrant school nurse's office at the proper time or times during the day.

It might be wise to obtain a basket, box, or kit of some sort in which supplies and medications may be carried.

It is recommended that the migrant school nurse receive a list of standing orders from the local physician for common problems that arise in the care of school children.

D. Baths and Showers

The provision of baths and showers for the migrant children varies in each location. How often your children bathe is left to the discretion of the program director and migrant school nurse. Care must be taken to maintain an attitude of providing showers for these children as a service, since they often "don't have showers at home--and you know how important it is to keep clean." They should NOT be made to feel that they must take showers because they are filthy, dirty children! Migrant school teachers, aides, and the migrant school nurse should direct, assist, and tactfully observe the children during the showers. It is an excellent idea to let them try new shampoos and soaps and make it an "adventure."

By this time, most of the migrant school nurse's day will be over. The remainder of the day may be spent with records, first aid care, and in making arrangements for examinations, clinics, referrals, or follow-up care.

IX MEDICAL SERVICES

A. Physical Examinations

1. Preparing the children.

   a. A few days before the physical examinations are scheduled, the migrant school nurse and migrant school teachers should together make plans for preparing the children for the examinations.

   b. The migrant children should understand that the physician is a friend. They need to know just what he will do, how, and why. Advance explanations such as this will produce greater cooperation during the physical examination and better understanding of the importance of keeping healthy.

   c. Perhaps the migrant school nurse and migrant school teacher can obtain some of the equipment that will be used (or find "pretend articles") and give a demonstration on how the examinations will be conducted. Dramatization and humor can be involved in the "Pretend Clinic" producing a relaxed atmosphere.

2. The migrant school nurse does the testing prior to a medical examination. She records her results.

3. Measurement of weights and heights should also be completed and recorded before the physical examinations. Assistance may be obtained through the nurse assistant, teachers, and aides.

4. Mantoux testing, if tuberculin testing is to be done, should be completed entirely before the physical examination, or scheduled for reading of the test results on the actual day of the physical examination. This would provide the physician with this information also.

5. Testing of the hemoglobin when feasible should be done on the same day as the physical examinations or completed beforehand, according to the physician's preference.

B. Facilities and Equipment Needed

1. Area for hemoglobin testing.

   a. This area should be near a sink and running water.

   b. One or two tables, covered with a clean sheet or white paper should be provided.

   c. Waste basket.

   d. Two chairs.

   e. Alcohol.

   f. Spot band-aids.

   g. If the migrant school nurse does not have her own HB-Meter (hemoglobinometer) to do the hemoglobin, she should check with the physician's office nurse about other needed supplies and equipment that may be obtained through the office. (The physician may bring his office nurse or laboratory technician with him to do the hemoglobin testing.)

   h. One of the migrant school staff members who is familiar with the children should be available for recording the results.

2. Area for physical examinations, if done at schools.

   a. A room or screened off area nearby will be needed for the children to partially undress, as needed.

   b. An examination table covered with paper, towels, or a sheet.

   c. Screens or some provision for privacy during the examinations.

   d. Two chairs.

   e. Waste basket.

f. Table for the physician's supplies and recording.

3. Area for immunizations.

   If immunizations are to be given on the same day as the physical examinations, an area will have to be set aside for this also. Supplies and facilities are listed under the section on Immunizations.

4. Personnel needed.

   a. Two to five staff members or aides will be needed to get children from the classroom and to see that they are returned in an orderly fashion.

   b. One or two staff members will be needed to assist the children in undressing and redressing.

   c. Each child should carry his Medical History and Physical Examination forms with him.

5. Conducting the examination.

   a. One manner in which an efficient clinic can be run is to have each child first have his hemoglobin checked, then his physical examination--at which time the physician reviews the child's blood status and orders the needed immunizations--and last, immunizations are given. Many other methods may be employed, depending upon the individual situation.

   b. The migrant school nurse should remain with the physician during the physical examinations to assist him, to make the children feel more comfortable, and at ease, and to inform the physician of any pertinent medical information on the child.

   c. Children may be sent for physical examinations either in family groups or in classes: girls in one section, boys in another.

   d. All migrant school personnel should be aware ahead of time of the routine to be used for the physical examinations.

6. Medical referrals.

   If additional medical evaluation and care is needed for a child, the migrant school nurse should contact the public health nurse who has information about the services available and can arrange follow-up care.

C. Immunizations

1. In some areas it may be necessary to secure permission of parents prior to using biologicals.

2. Recommended immunizations.

   The type and amount of immunization to be given depends upon the information received concerning prior immunizations. The migrant school nurse and physician should together determine what immunizations are needed.

   The following is a suggested guide for immunization. It should be noted here that due to the dynamics of medicine this information should be kept updated.

Immunizing Agent	Age for Initial Immunizations	Age for Booster
DPT (Diphtheria and tetanus toxoids and pertusis vaccine)	1st injection...2 months 2nd injection...4 months 3rd injection...6 months 4th injection...15-18 months	4 years
Poliomyelitis Vaccine, Trivalent Oral (TOPU)	1st dose.....2 months 2nd dose.....4 months 3rd dose.....6 months 4th dose.....15 - 18 months	4 - 6 years
Measles Vaccine(Live)	12 months of age	Boosters not indicated
Rubella Vaccine(Live)	12 months of age	Boosters not indicated
Mumps Vaccine(Live)	12 months of age	Boosters not indicated
Td(Tetanus and diphtheria toxoids) (adult type)		12 - 14 years and every 10 years thereafter

Schedule for children not immunized in the first year of life:

(1 through 5 years of age)

First Visit	DTP, Poliomyelitis, Tuberculin Test
One month later	Measles, Rubella, Mumps
2 months later	DTP, Poliomyelitis
4 months later	DTP, Poliomyelitis
6 to 12 months later or preschool	DTP, Poliomyelitis

(14 - 16 years of age)

Td - continue every 10 years

(over 6 years of age)

First visit	Td, Poliomyelitis, Tuberculin Test
One month later	Measles, Rubella, Mumps
2 months after 1st visit	Td, Poliomyelitis
7 months after 1st visit	Td, Poliomyelitis

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2. Vision screening.

   a. A well-lighted room or rooms at least 20 feet in length will be needed along with Snellen "E" visual acuity charts. Cards will also be needed for covering the examinee's eye. Children will indicate with their arms or hands the direction of the "legs" of the "E's." Testing will be done with the glasses on if the child has them.

   b. "Practice Sessions" may be accomplished by placing a large "E" in different positions at the front of the room and asking the children to indicate with their arms or hands the direction the "legs" are pointing.

3. Hearing testing is arranged and often done by the public health nurse.

   a. Facilities needed: A room in the quietest possible location is needed. The main requirement is QUIET. Suggestions are library or band practice rooms. The rooms should be away from toilet facilities, fans, or other mechanical noises. A desk, table and chairs, and a nearby outlet or extension cord will be needed.

   b. Personnel needed: One person will be needed to record the test results, and two people to get the children, keep them moving, and return them to their rooms.

   c. Hearing "practice" can be done with the use of ear muffs and a child to make "beep" sounds, a piano, or someone to whistle the different tones. Tell the children they will play a game--and avoid using the word "test" for either procedure.

   d. Hearing screening will be done with an audiometer. Earphones will be placed on the child "like an airplane pilot" and he will listen for sounds or "beeps." There will be high tones and low tones. He will be asked to indicate he has heard a sound by raising his hand. The children should be very quiet and listen carefully.

      All results must be recorded in the nurse's records and on the Pocket Health Card.

Repeat examinations should follow for those children not having completely normal results or who were absent during the initial examination.

4. Referrals.

Children not having normal results on repeat examinations arranged by the migrant school nurse or public health nurse should have medical referrals and referral notations on the Migrant Student Record Transfer System's medical record.

E. Dental Health

1. Facilities and preparation for dental team.

The nurse's station may be utilized by the dentist for examining the children.

2. Dental referrals.

Follow-up care should be obtained from the local dentists. (Arrangements for such care should have been made prior to the opening of the migrant summer school, as suggested earlier.)

Post-extraction care: for the migrant school nurse's general information and review, the following considerations should be remembered about post-extraction care:

a. Good oral hygiene should be maintained.

b. Soft foods should be eaten for the first few days to assist the healing process until solids can be eaten comfortably.

c. Cold applications can help decrease pain and swelling if begun immediately after the extraction.

d. Reduced activity helps reduce bleeding and permits the formation of a clot.

e. The mouth should not be rinsed for 20 - 24 hours after the extraction to allow healing.

F. Emergency Care

1. First Aid.

Should an emergency arise, the migrant school nurse will be immediately summoned. As a registered nurse, she will be prepared to provide adequate care. A Red Cross First Aid Manual should be provided for her reference, and for the reference of the migrant school staff. Another excellent first aid book used by L.S.U. in first aid training is entitled "Emergency Medical Guide," by Dr. John Henderson, McGraw-Hill Paperbooks. Price $3.95. It contains more illustrations and details.

As mentioned previously, the migrant school nurse should obtain the physician's telephone number before the program begins and post it near the migrant school telephone.

2. Illness.

If a child becomes ill in school, the migrant school nurse will have to decide what steps should be taken according to the situation. The physician may have to be summoned, the child may have to be isolated, hospitalized, or returned home. Considerations must be given to the child and the fact that the presence of an adult is needed more than ever during illness. Since inadequate, even dangerous circumstances may exist at home, with the parents out working, it may be best for the sick child to remain in the nurse's care during the school day.

3. Hospitalization.

If hospitalization is required some arrangements may have been made with the hospital for treatment through the local welfare programs.

G. Referrals made to other locations.

If time permits during the program, local referrals are made in the proper space on the health record of the Migrant Student Record Transfer System.

X NURSING PROCEDURES

The following are some common health problems and some suggested procedures. Do check with the local physician before utilizing them. Some of the items are listed because the school nurse should help the migrant family to some extent -- not just the student.

A. Cradle Cap

1. Definition:

Cradle cap or milk crust is an oily, yellowish crust which often appears on the scalps of infants. The crust is caused by excessive secretion of oils from the sebaceous glands in the scalp. Cradle cap is often confined to the area of the scalp over the soft spot, or Fontanel, in the top of the skull.

2. Method of treatment:

a. Soften the formation by rubbing in a lubricant such as vaseline or mineral oil and leaving it on the scalp for a few hours or over night.

b. Then wash the scalp thoroughly every day with soap and water.

c. You may wish to apply the lubricant to scalp several days before washing the baby's scalp.

With this treatment the crust will probably disappear within several days. If the crust persists, it is wise to inform the local doctor of the condition and to follow his advice.

B. Diaper Rash

1. Definition:

Diaper rash is an irritation of a baby's skin in the region of the diaper - the crotch, buttocks, and stomach. This irritation consists of redness or small pimples.

2. Causes:

   a. It is usually caused by ammonia formed in a wet diaper by action of bacteria on the urine.

   b. It may also result from chafing of soiled diaper against the skin.

3. Method of treatment:

   a. Keep skin dry - change diaper often.

   b. Use only one diaper.

   c. Avoid plastic pants.

   d. Use powder or cornstarch - sparingly.

   e. Use A&D, Destin, or Diaperine ointments.

   f. Prevent excoriation of buttocks with careful cleansing of buttocks and genitalia with oil on cotton. A bland ointment or paste will provide protection from acid stools.

   g. Expose buttocks to air.

   h. Try changing brands if using disposable diapers.

   i. Use diaper rinse, i.e., Diaper Pure, Diaperine rinse.

4. To present a secondary infection, wash twice a day with mild baby soap.

5. If no improvement, refer to local physician.

C. Diarrhea

1. Mild diarrhea.

   The infant may appear quite well except for an increase in the frequency and fluidity of stools. There may be irritability, loss of appetite, or disturbance of sleep. Decreasing the carbohydrate and fat in the formula and increasing the water intake will be helpful. Unsweetened boiled milk or boiled skimmed milk is usually employed. Mild diarrhea usually responds to such changes within 2 to 3 days so that usual feeding schedule can be resumed. Any child with diarrhea should have a rectal culture done.

2. Severe diarrhea.

   Mild diarrhea can progress from a mild to a severe illness within a matter of hours or over the course of several days. Stool passage may become painful partly due to griping and partly due to tenderness of skin in the diaper area. Between lack of food and loss of fluids, the infact loses weight progressively. Urine becomes scanty in amount and dark in color. Other symptoms include grayish colored skin, increase in depth of respiration, and cold extremities. A physician must see the infant immediately.

3. Nursing care.

   a. Strict isolation technique must be used in caring for an infant with diarrhea to prevent spreading it to others in the room.

   b. Careful handwashing after caring for infant.

   c. Disposable diapers should be used and disposed of in proper plastic bags.

   d. Prevent excoriation of buttocks with careful cleansing of buttocks and genitalia with oil on cotton. A bland ointment or paste will provide protection from acid stools.

   e. Exposing the excoriated area to air periodically will aid in healing. Care must be taken to prevent suffocation.

   f. Holding the infant and TLC are important elements of nursing.

   g. Consult the local physician for standing orders which should include: when to refer an infant, also medication and treatment which can be used.

D. Colds

1. Since colds are contagious, it is important to keep the sick child away from others in the room for several days. Use proper clothing for seasonal variation.

2. The nurse should consult the local physician for standing orders for medications.

E. Pediculosis Capitus

1. Pediculosis Capitus is a fairly common problem with migrant people, yet many are aware and ashamed of this and take definite steps toward its prevention and control. They do not want other people to think they are "dirty." Care must be taken by the staff to avoid presenting attitudes that lice are definitely present, and that children are to be feared and kept within distance to avoid staff infections. Only harm can come from such attitudes. Acceptance of each child as a person must prevail.

   Although females more often have pediculosis, the incidence among males is steadily increasing as more men adopt long hair styles. The head louse generally infects the occipital and temporal areas of the scalp. The eggs or nits appear as small white or grayish flecks (like dandruff) that adhere firmly to the hair shaft. Each nit will hatch in four days at the latest.

2. Transmission:

   Direct physical contact, or contact with infested combs, brushes, wigs, hats, towels, or bedding.

3. Treatment:

   a. Shampoo throughly for at least four minutes with gamma benzene hexachloride (Kwell) shampoo. Rinse and use fine toothed comb dipped in hot vinegar to remove any remaining nits. Kwell requires a prescription before purchasing.

   b. Other drugs which can be used include cuprex, topocide, pyrinate A-200. This may be purchased without a prescription.

      DDT is no longer available.

   c. Disinfect all washable fomites such as combs and brushes with Kwell, or drug being used. Other items can be boiled, dry cleaned, laundered or pressed with a hot iron.

d. Notify the families and send shampoo home or refer the family to the Public Health Nurse for follow-up.

4. Pediculosis Corporis.

The lice are found chiefly in seams of undergarments, especially in pressure areas. The nits become firmly attached to clothing and can remain viable for one month.

a. Treatment:

(1) After bathing, apply Kwell lotion or cream or the lice preparation your doctor prefers to trunk and extremities and leave on 24 hours. All family members and close contacts must be examined and treated.

(2) Nits must be eliminated from clothing and bedding by laundering, dry cleaning, or careful pressing with a hot iron.

F. Scabies

Scabies are mites which live and breed rapidly in burrows dug in the superficial layers of skin. They are usually found in spaces between fingers, backs of hands, elbows, armpits, groin, buttocks, and nipples. Often a pin head papule can be seen. Itching is severe and intensified at night.

Scabies is acquired through contact with infested individuals, clothing, bed linen, or towels contaminated with the adult female or its eggs.

1. Treatment:

The use of Kwell, cream or lotion, is recommended. One treatment is usually successful. Persons should wear freshly laundered clothes following treatment. Machine washing kills scabies mites.

G. Pinworms

1. The most evident sign of pinworms is a child "scratching his seat." The child may look tired and appear restless and irritable due to lack of sleep.

2. Treatment:

   Effective treatment consists of treating the infected person and the entire family at the same time. Do not try to correct this condition yourself by giving medications and drugs. Consult a physician and follow his instructions.

3. Control:

   Besides medical treatment for infected family members, there are certain sanitary procedures that must be followed in the home and school to prevent the spread of pinworm:

   a. All toilet facilities must be kept clean.

   b. Wash hands in warm soapy water after going to the toilet and before preparing food or eating anything.

   c. Frequent showers and change of underclothing are musts.

   d. Keep fingernails cut and clean.

   e. Wash sheets, pajamas, underwear, and towels in boiling water for several minutes to destroy the pinworm eggs.

   f. Since the eggs are light and scatter easily, dust should be removed as carefully and effectively as possible from all surfaces in the home or school. If a vacuum cleaner is not available, the use of an oiled cloth (which may be boiled or destroyed later) will help prevent the eggs from scattering. It is important to follow these procedures at the same time medicinal treatment is being given.

XI RECORDS

The migrant program is trying to decrease the amount of necessary paperwork that had previously taken much of the migrant school nurse's time. Yet, there are still some records that must, of course, be kept.

A. Medical History and Physical Examination Form

1. The medical history should be obtained as soon as possible when the program begins, either by home visits from a staff person or by having the mother accompany the children to school on their first day of the program. Be certain to ask the children to bring any health records to you at school as soon as possible, and reassure them that the cards will be returned.

   It is always difficult to obtain this information if no personal health records are maintained by the migrants. These people often do not understand the characteristics or differences between diseases or immunizations. The best advice we can give is to do the best you can. Progress is being made, however, all over the country to establish and maintain health records for these people to take with them. Each year more children have pocket health cards.

2. A Medical History and Physical Examination form may be completed and this form kept in the migrant school nurse's file for her own reference. The information on this form will be transferred to the second transfer system and sent on to other centers as directed from the Central Data Office. In this way, up-to-date medical information can be kept and sent along from program to avoid duplication of medical services.

B. Pocket Health Records (PHS - 3652)

Hopefully, some of the children may arrive in school with these records. Remind the children and their mothers to send these records to the school so that you may see them as soon as possible.

Records must be made for those children who have none. It is the migrant school nurse's duty to see that these pocket health records are established, but she may certainly delegate the task of transferring information to the nurse assistant or the school secretary, if available. These records are then kept and made up-to-date during the program. At the end of the program, the cards should be sent home with each child along with a note to the mother explaining the importance of the record in keeping her child healthy. She must be reminded to keep these records where she knows they will not get lost, and take with the family to each location.

If children are absent from school the day the pocket health cards are returned and no family member is present to take the card, notify the migrant health coordinator or public health nurse and she will perhaps be able to deliver them.

C. Vision and Hearing, and Dental Screening Forms

1. Vision and hearing testing forms should have the headings filled in completely before the screening takes place.

2. The dental screening team will provide their own forms.

D. Emergency Form

A form should be used to record all emergency and referral care. This should be completed each time a referral, emergency, or medical service is given beyond the regular examinations.

E. Health Program Control Sheet

Only a suggested help, this sheet can be used by the Migrant School Nurse in organizing her examinations and follow-up care.

F. Referral Slip

A referral slip on each child is sent to the next location on any child needing follow-up care still not completed.

G. Record Transfer System

This is a fairly new system which consists of medical forms filled out on each child and then stored in a computer in Little Rock, Arkansas.

The purpose of the Record Transfer System is to make educational and related information on any migrant child available to any school in any of the 48 cooperating states within the shortest time possible. Using this computerized system, a school official may contact the teletype terminal operator by telephone and request information on a migrant child. The child's complete record will be mailed to the school from the data bank in Little Rock, Arkansas, on the same day that it is requested, provided that the child has been enrolled in a migrant education program; the computer will use the data supplied by the terminal operator to initiate a new record for the child and will mail the record to the school in which the child is enrolling. This system was developed to avoid duplication of health services in all the various schools the migrant child may go to.

XII TOPICS AND IDEAS FOR HEALTH EDUCATION

Good Grooming

Grade One Level

A. Things To Learn:

1. To wash before eating, after going to the toilet, after play, and after handling pets.

2. Wash body daily--at home or in school. Use warm water and soap.

3. Brush teeth daily.

4. Comb and/or brush hair daily using own comb and brush. Wash hair regularly.

5. Have clean nails. Do not bite or chew nails.

6. Use toilet properly. Use drinking fountain properly.

7. Get plenty of sleep and exercise.

B. Suggested Activities:

1. Have daily health talks.

2. Form a "Health Club." Make a poster listing desirable health habits and the names of each pupil. Check daily to see if all habits were done. Have "Health King and Queen" who have best health habits or award prizes to those who give themselves the most complete care.

3. Tell of importance of good dental care. (Teeth help in speech, appearance, eating, and keeping healthy. Infection in teeth can cause body infection.)

4. Demonstrate proper toothbrushing techniques. Have pupils return demonstration. (The local dentist may have a large brush and set of teeth for demonstrating proper brushing.) Tell how to care for toothbrush; how to use a cup of water when running water is not available for brushing.

5. Tell how hard and sharp objects damage teeth, and how broken teeth do not mend themselves. (So child understands why he should not put things in mouth or bite on pencils, walk or run with objects in mouth, push someone's head as he is drinking from a fountain, or cause someone to fall.)

6. See that children brush their teeth after meals, or "swish and swallow" with water if they are not able to brush. Tell how apples and carrots help to clean teeth.

7. Have a "party" eating foods that are good for your teeth. (milk and vegetables)

8. Have dentist or hygienist visit classroom and tell about dental care.

9. Have children brush their teeth to music. Make it a game.

10. Have "monitors"--either aides or pupils to observe children and help them develop good habits. (Washing before eating, after toileting, play and handling pets, use of drinking fountain.)

11. Describe how to bathe.

12. Demonstrate how to clean and care for fingernails and toe nails. (Remind to refrain from biting nails.)

13. Describe how to wash hair. Demonstrate or have children wash a doll's hair.

14. Use "Good Grooming Kits" for each child and necessary supplies. (Toothbrush, toothpaste, comb, brush, shampoo, orange sticks, emery board, tissues, and soap.)

15. Use films and filmstrips available for this age level.

16. Use materials for the overhead projector.

17. Have children make pictures or articles to take home and explain to their parents.

Elementary

A. Things To Learn:

1. Function and care of the skin.

2. Care of the hair.

3. Care of the teeth.

4. Proper handwashing techniques.

5. Need for sleep and exercise.

B. Suggested Activities:

1. Form a "Health Club." Make a poster listing desirable health habits and the names of each pupil. Check daily to see if all habits are done. Have "Health King and Queen" who have best health habits or award prizes to those who give themselves the most complete care.

2. Have daily health talks.

3. Tell of the importance of dental hygiene: teeth help us eat, teeth are important for appearance and speech, teeth must be brushed after every meal to prevent decay. If decay goes without attention, toothaches result. Sweets left on teeth cause decay.

4. Demonstrate proper toothbrushing. (The local dentist may have a large brush and teeth for this that he may let you use.) Have pupils give a return demonstration. Tell how to care for toothbrush. Show how to use a cup of water when running water is not available for toothbrushing.

5. Tell how hard and sharp objects damage teeth, and how broken teeth do not mend themselves. (So child understands why not to put things in mouth or bite on pencils, why not to walk or run with objects in mouth, and why not to push someone's head while they are drinking out of a fountain, or to cause someone to fall.)

6. See that children brush their teeth after meals, or "swish and swallow" with water if they are not able to brush. Tell how apples and carrots help clean teeth.

7. Have a "party," eating foods good for the teeth (milk and vegetables).

8. Have a dentist or dental hygienist visit classrooms and tell about dental health.

9. Demonstrate how to clean and care for nails, and how to complete proper handwashing.

10. Give hints on complexion care for older children. Stress soap and warm water, use of own washcloth and towel, and frequent washing.

11. Tell about the importance and use of daily bath and deodorant.

12. Look at a piece of skin under the microscope to view pores.

13. Explain perspiration. Mix salt and water in dish and let evaporate for a few days--show the residue that's left on the skin when it is not washed after normal perspiration.

14. Discuss proper hairwashing, combing, and brushing.

15. Discuss need for sleep and exercise.

16. Show films or filmstrips on suggested topics.

17. Have students give return demonstrations.

18. Use "Good Grooming Kits" for each child with necessary supplies. (Toothbrush, toothpaste, comb, brush, shampoo, orange stick, emery board, tissues, soap, and deodorant.)

19. Have children make posters on different aspects of good grooming.

20. Have children make articles and pictures to take home and explain to parents.

Preparations For Examinations

It is very important that children be prepared in advance for various examinations and tests.

With advance explanations of procedures, the teacher can make the child aware of the continuous and total process of health care. Each test, examination, and immunization can be discussed in the classroom--thus enabling the child to be less fearful of such procedures and more aware of their values.

Grade One Level

A. Things to Learn:

1. That the physician is a friend and helper.
2. What physical examination will include.
3. That the dentist is a friend and helper.
4. What the dental examination will include.
5. What vision examinations include.
6. What hearing examinations include.
7. Why immunizations are needed and important (at this age level not all children will be able to comprehend such information, but it will be extremely beneficial to those who do understand).

B. Suggested Activities:

1. Have teacher, aides, and/or nurse give a "pretend clinic" demonstration of what will be done.
2. Have a dentist or dental hygienist demonstrate how dental examinations are done.
3. Get a few examining instruments from a dentist, if possible, and give a demonstration and explanation of a dental examination.
4. Demonstrate and explain how a vision examination is done.

5. Have "practice sessions" for vision examinations having children get acquainted with proper signaling with arms. Tell them it is a "game" and not a test.

6. Explain hearing screening.

7. Have practice sessions for hearing screening with earphones or earmuffs telling the children they will be like an "airplace pilot." Use audiometer, someone whistling, or a child "beeping" to obtain tones. Tell children it will be a game and not a test. Have them practice listening and signaling they have heard a tone by raising their hand.

8. Explain how immunizations keep you from getting very ill. How they help you "fight off" germs that make you sick.

9. Do not lie and tell children "it won't hurt." Immunizations will be uncomfortable and children will be more trusting of such procedures if informed truthfully. Tell them it will feel like a "little mosquito bite" or "little prick," and it will very quickly be all over.

10. Have a role play of one child getting immunized, one giving the immunization, and one acting as "Mr. Germ" to show that immunized children stay healthy. If children of this age group do not appear capable of handling such a presentation older children can perhaps be enlisted to give a "show" to the younger group.

11. Use appropriate films and filmstrips available for this age group.

12. Get materials for reading and viewing with the overhead projector.

13. Explain medical equipment such as stethoscope, otoscope, etc.

Elementary

A. Things To Learn:

1. That the physician is a professional person who wants to help keep people healthy.

2. What the physical examination will include.

3. That the dentist is a professional person who wants to keep children's teeth healthy.

4. What the dental examination will include.

5. What the vision examination will include.

6. What the hearing examination will include.

7. Why immunizations are important and needed.

B. Suggested Activities:

1. Use teachers, aides, and/or nurse to give a "pretend clinic" demonstration of how physical examinations will be conducted.

2. Be sure to inform the children (especially older girls) that the Migrant School Nurse will be helping the physician and that she will be with the student being examined at all times.

3. Obtain instruments from a dentist and give a demonstration and explanation of a dental examination, if possible.

4. Invite a dentist or dental hygienist to speak and give a demonstration of a dental examination.

5. Give a demonstration and explanation of the vision examination.

6. Practice the routine of the vision examination to make certain the children understand.

7. Explain the hearing screening procedures.

8. Practice the hearing examination with an audiometer or with earmuffs and a piano, child whistling, or "beeping" to make tones.

9. Explain the purpose and value of immunizations.

10. Have the children give a role play with one child being immunized, one giving the immunization, and one being "Mr. Germ" or "Mrs. Sickness." Presentation to younger children demonstrating how immunizations help fight off disease.

11. Show appropriate films and filmstrips (especially on immunizations).

12. Get materials to use with the overhead projector.

Dental Hygiene

Grade One Level

A. Things To Learn:

1. Teeth are important for speech, appearance, chewing, and keeping healthy.

2. Our teeth and mouth must be taken care of properly. (Infection in the teeth can affect the whole body.)

3. Proper dental care.

4. Some objects can be harmful when put into the mouth.

5. Broken teeth cannot mend themselves--so they should be cared for properly.

B. Suggested Activities:

1. Tell of the importance of good dental care.

2. Demonstrate proper toothbrushing techniques. Have pupils give a return demonstration.

3. Tell how hard and sharp objects damage teeth, and how broken teeth do not mend themselves. Remind children not to put things in mouth or bite on pencils, not to walk or run with objects in mouth, and not to push someone's head when they are drinking at a water fountain, or cause someone to fall.

4. See that children brush their teeth after meals or "swish and swallow" with water if they are not able to brush. Tell them how apples and carrots help to clean teeth.

5. Have a "party," eating foods good for your teeth (milk and vegetables and fruits).

6. Have a dentist or dental hygienist visit the class and tell about dental care.

7. Have children brush their teeth to music--make it a game.

8. Use films and filmstrips available.

9. Use pamphlets and materials for the overhead projector.

Elementary

A. Things To Learn:

1. Teeth are important for speech, appearance, chewing food, and keeping healthy.

2. Our teeth and mouth must be taken care of properly. (Infection in the teeth can affect the whole body.)

3. Proper dental care.

4. Some objects can be harmful when put into the mouth.

5. Broken teeth cannot mend themselves--so they should be cared for properly.

B. Suggested Activities:

1. Tell of the importance of good dental care.

2. Demonstrate proper toothbrushing techniques. Have pupils give a return demonstration.

3. Tell how hard and sharp objects damage teeth, and how broken teeth do not mend themselves. Remind children not to put things in mouth or bite on pencils, not to walk or run with objects in mouth, and not to push someone's head when drinking at a water fountain, or cause someone to fall.

4. See that children brush their teeth after meals or "swish and swallow" with water if they are not able to brush. Tell them now apples and carrots help to clean teeth.

5. Have a party, eating foods good for your teeth (milk and vegetables and fruits).

6. Have a dentist or dental hygienist visit the class and tell about dental care.

7. Use films and filmstrips available.

8. Use materials and pamphlets for the overhead projector.

Important Foods To Eat

USE ONLY:

MILK GROUP

3 or more glasses milk - children (smaller glasses for some children under 9)

4 or more glasses - teenagers

2 or more glasses - adults

Cheese, ice cream and other milk-made foods can supply part of the milk.

1. Builds strong bones and healthy teeth.

2. Builds and repairs body tissues.

3. Promotes growth and provides energy.

4. Keeps muscles active and nerves calm.

MEAT GROUP

2 or more servings

Meats, fish, poultry, eggs, or cheese -- with dry beans, peas, nuts and alternates.

1. Builds strong muscles.

2. Makes healthy blood and tissues.

3. Provides growth and energy.

VEGETABLES AND FRUITS

4 or more servings

Include dark green or yellow vegetables, citrus and fruits tomatoes.

1. Keeps skin healthy.

2. Maintains normal eyesight.

3. Helps resist infections.

BREADS AND CEREALS

4 OR MORE SERVINGS

Enriched or whole grain breads (added milk improves nutritional values).

1. Promotes growth and building.

2. Creates good appetite.

3. Provides energy.

Grade One Level

A. Things to Learn:

1. That wholesome food is important for keeping well and happy, for a pleasant appearance, and for growing big and strong.

2. The foods that should be eaten daily, why they should be eaten, and how much should be eaten.

3. Favorable attitudes toward all foods.

4. Formation of good eating habits. (This information should also be carried into the home for the benefit of other family members.)

5. How foods are prepared properly.

B. Suggested Activities:

1. Make posters of the Four Basic Foods for display and discussion.

2. Give a demonstration on keeping foods clean, preparing foods, and handwashing. Obtain a variety of fruits and vegetables and prepare and eat them as a snack. Talk about what the foods do, what the foods are, what color the food is, etc.

3. Use a flannel board for displaying colorful foods--asking children to explain what they are and tell about them. Have children arrange a balanced meal.

4. Plan a nutritious box lunch. Have children prepare and pack foods properly. Have an indoor or outdoor picnic.

5. Make a booklet or bulletin board display of children's drawings of "foods I like."

6. Have children tell about the Spanish foods they eat. Help them determine what these foods do for their bodies. (If you have Spanish-American students.)

7. Build a food store or supermarket in the classroom. Have children display, buy, sell, and prepare foods for classroom "nutrition snacks." (Store can also be used for money and mathematics problems.)

8. Take field trips to a grocery store to study how food is wrapped, stored, and handled for nutrition and safety; to a bakery to see bread being made; to a dairy to see milk being processed.

9. Use fruits or vegetables to illustrate numbers, measurements, and mathematical problems. Coordinate discussion with what the foods do for the body.

10. Have children write reports on school, field trips or whatever and submit to local newspaper with drawings or pictures, if possible.

11. Have "tasting parties" of different foods.

12. Read stories and poems about good foods.

13. Plant a vegetable garden and watch the vegetables grow.

14. Make posters or a bulletin board display of a soup kettle. Have pupils bring or draw vegetables to put in the kettle.

15. Make puppets and have puppets present content of good diet. Each puppet could represent a food--and tell what he does for the body. Use color, drama, and music.

16. Have a role play of "good foods" (basic four) and "bad foods" (sweets and candies).

17. Use films and filmstrips available.

18. Have children tell all about their favorite food.

19. Order materials to be read and viewed with the overhead projector.

Elementary

A. Things To Learn:

1. That good nutrition is essential for normal growth and good health.

2. The foods that are necessary, why they are needed, and how much should be eaten.

3. How foods are properly prepared and stored.

4. Formation of good eating habits. (This information should also be carried into the home to benefit other family members.)

5. Favorable attitudes toward foods.

B. Suggested Activities:

1. Make charts or posters of necessary foods. Discuss them.

2. Describe the appearance of a healthy person: shiny hair and eyes, clear skin, good posture, white teeth, abundance of energy, feels and looks well.

3. Have children keep a record of what they eat during the day and compare it with what they need.

4. Make murals of family life--places food comes from and how it is prepared. Recipes for ethnic foods could be written.

5. Form a committee to investigate diets and eating customs in Mexico and present dramatized reports. Have children tell about Spanish-American foods they eat. Help them determine how these foods are nutritionally valuable. (If you have Spanish-American students.)

6. Build a food store or supermarket in the classroom. Have children display, buy, and sell foods, have them prepare foods for classroom "nutrition snacks." (Store can also be used for money and mathematical problems.)

7. Take field trips to a grocery store to study how foods are wrapped, stored, and handled for nutrition and safety; to a bakery to see bread being made; to a dairy to see milk being processed.

8. Use fruits and vegetables to illustrate numbers, measurements, and mathematical problems. Coordinate discussion with what the foods do for the body. Give a demonstration of food preparation, handwashing, etc.

9. Have children prepare a simple salad, biscuits, or cookies to learn proper food handling and measurements.

10. Have children write reports on school, field trips, or whatever and submit to the local newspaper with drawings or pictures, if possible.

11. Have "tasting parties" to introduce different foods.

12. Plant a vegetable garden and watch vegetables grow and develop.

13. Make puppets and have puppets present content of good diet. Each puppet could represent a food and tell what he does for the body. Use color, drama, and music. Older children could put on a "show" for the younger children.

14. Have a role play of "good foods" (basic four) and "bad foods" (sweets and candies).

15. Use films and filmstrips available.

16. Have children tell all about their favorite food.

17. Plan a nutritious box lunch. Have children prepare and pack food properly. Have an indoor or outdoor picnic.

18. Order materials to be read and viewed with the overhead projector.

Prevention and Control of Communicable Diseases

Grade One Level

A. Things to Learn:

1. How germs enter into the body (mouth, nose, openings in the skin, etc.).

2. Development of habits that will help reduce illness.

B. Suggested Activities

1. Make rhymes about germs, colds, etc.

2. Very simply explain about "germs" that make children sick.

3. Discuss things that should not be put into the mouth and why (fingers, pencils, scissors, toys, crayons, etc.).

4. Demonstrate proper use of the drinking fountain.

5. Demonstrate proper method of cleaning nose, coughing, and sneezing into a handkerchief. Be sure to have children cough or sneeze into hanky, not into hand.

6. Have tissues available in classroom for children's use.

7. Remind children of importance of handwashing. Give demonstration of proper techniques using warm water and soap.

8. Remind children to use their own comb, toothbrush, drinking glass, eating utensils, washcloth and towel, and to eat their own food, not part of another child's food.

9. Remind children in simple manner how immunizations, rest, good food, and so on help fight disease.

10. View films and filmstrips on colds, communicable diseases, immunizations, etc.

11. Use pamphlets and stories to view with overhead projector.

Vision and Eye Care

Grade One Level

A. Things to Learn:

1. Awareness of the importance of the eye.
2. Elementary understanding of how the eye works.
3. Beginning concepts of eye care.

B. Suggested Activities:

1. Discuss how our eyes help us--have children cover eyes to see what it would be like without vision.
2. Discuss vision screening already conducted in the school.
3. Compare eye to camera and explain similarities.
4. Remind children not to rub eyes and to keep objects out of eye.
5. Foreign materials in eye should be removed immediately by an older person--discuss this with the children.
6. Use films and filmstrips available.
7. Use pamphlets and materials for overhead projector.
8. Read stories and rhymes about eyes and seeing.

Elementary

A. Things to Learn:

1. Awareness of importance of eyes.
2. Understanding of how the eyes work.
3. Awareness of how to care for the eyes.

B. Suggested Activities:

1. Discuss how our eyes help us.
2. Discuss vision screening already conducted in the school.

3. Compare eye to camera and explain similarities.

4. Show diagram of eye and explain how it works.

5. Explain how eyebrows, eyelashes, eyelids, and bones around the eye provide protection.

6. Explain the need for proper lighting when reading.

7. Discuss the fact that foreign objects in the eye should be removed immediately by an older person.

8. Use films and filmstrips available.

9. Explain how ears help to keep eyes clean (immediate closing with loud sound or blast).

10. Remind children of foods important for vision. (Vitamin A in carrots, corn, red peppers, tomatoes, pears, beans.)

11. Explain that headaches, fatigue, and dizziness are signs of eye difficulties.

12. Discuss the advantage of eyeglasses (help to see, look attractive, and are nothing to be ashamed of).

13. Use of films and filmstrips available.

14. Use materials for the overhead projector.

15. Have children make posters on eye care and protection of eyes.

16. Use a darkened room and flashlights to show children how the pupil of the eye works in regulating light. Have them line up in two's. Using a flashlight, have each child observe the pupil reaction in the other child's eyes. (Use of two or three lines will facilitate quicker observation.)

Hearing and Ear Care

Grade One Level

A. Things to Learn:

1. Our ears help us hear.

2. We need to take good care of our ears.

B. Suggested Activities:

1. Explain how our ears help us.

2. Have children plug ears with their fingers to see what it would be like without their hearing ability.

3. Discuss hearing screening done in the school.

4. Tell children never to put objects into ears.

5. Demonstrate how to blow nose gently, one nostril at a time, "so it doesn't hurt your ears."

6. Demonstrate how to wash the ears.

7. Explain that shouting into another's ears, pulling, or hitting ears can damage ears and hearing.

8. Remind children to see a physician when an earache develops.

9. Use films and filmstrips available.

10. Use pamphlets and materials available for use with the overhead projector.

Elementary

A. Things to Learn:

1. The structure and function of the ear.

2. Proper care of the ears.

B. Suggested Activities:

1. Using diagram of the ear, explain simply how the ear works.

2. Discuss hearing screening done in the school.

3. Explain why objects should not be put in the ears.

4. Demonstrate how to gently blow nose, one nostril at at time. Explain how blowing the nose forcefully can spread infection from the throat or mouth to the ears.

5. Demonstrate how to wash the ears.

6. Explain how loud noises, hitting and pulling can hurt the ears.

7. Remind children to see a physician if they have earaches or drainage from their ears.

8. Use films or filmstrips available.

9. Use materials available for use with the overhead projector.